| Recipient Committee Campaign Statement Cover Page | | 103 AVERDED 10072 2027 JUN 17 PM 3: 04 | FORM 460 |
|---|---|---|--|
| | Statement covers period from 07/01/2021 | Date of election if applicable: (Month, Day, Year) CAMPAIGN FINANCE | Page of For Official Use Only |
| SEE INSTRUCTIONS ON REVERSE | through 12/31/2021 | | C10715 |
| . Type of Recipient Committee: All Committees - Cor | nplete Parts 1, 2, 3, and 4. | 2. Type of Statement: | |
| State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee | rimarily Formed Ballot Measure committee Controlled Sponsored (see Complete Part 6) rimarily Formed Candidate/ officeholder Committee (see Complete Part 7) | Preelection Statement Qua Semi-annual Statement Specific | rterly Statement cial Odd-Year Report |
| | NUMBER 389556 | Treasurer(s) | |
| COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) | | NAME OF TREASURER | |
| RJ Kelly for Water Director 2016 | | Patricia A Kelly | |
| • | • | MAILING ADDRESS | |
| STREET ADDRESS (NO P.O. BOX) | · · · · · · · · · · · · · · · · · · · | CITY STATE ZIP C | ODE AREA CODE/PHONE |
| | | Newhall CA 913 | 21 661-510-1024 |
| CITY STATE ZIP CO | DE AREA CODE/PHONE | NAME OF ASSISTANT TREASURER, IF ANY | |
| Newhall CA 9132 | | <u></u> | |
| MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX | | MAILING ADDRESS | |
| CITY STATE ZIP CO | DE AREA CODE/PHONE | CITY STATE ZIP C | ODE AREA CODE/PHONE |
| OPTIONAL: FAX / E-MAIL ADDRESS | | OPTIONAL: FAX / E-MAILADDRESS | |
| rjkelly39@hotmail.com | | murphybryantkelly@hotmail.com | |
| I. Verification | | | |
| I have used all reasonable diligence in preparing and reviewing | | | hedules is true and complete. I |
| certify under penalty of perjury under the laws of the State of | California that the foregoing | • | |
| Executed on 6-14-2022 | Ву | rer | |
| Executed on Date | By ——Si | it or Responsible Officer of Spons | sor |
| Executed on | By Si | gnature of Controlling Officeholder, Candidate, State Measure Proponent | |
| Executed on Date | BySi | gnature of Controlling Officeholder, Candidate, State Measure Proponent | |

FPPC Form 460 (Jan/2016))
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page — Part 2

| COVER PAGE - PART 2 | | | | | |
|---------------------|-------|-----|---|--|--|
| CALIFORNIA 4CO | | | | | |
| CALIFORNIA 460 | | | | | |
| |) KIW | | | | |
| | | | | | |
| Page_ | 2 | of_ | 5 | | |

| . Officeholder or Candidate Controlled Committee | | 6. | 6. Primarily Formed Ballot Measure Committee | | | | |
|--|-------------------------|--------------|--|--------------------|--------------------------|--------------------|--|
| NAME OF OFFICEHOLDER OR CANDIDATE | | | NAME OF BALLOT MEASURE | | | | |
| RJ Kelly for Water Director 2016 | | | | | | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR | RICT NUMBER IF APPLIC | ABLE) | BALLOT NO. OR LETTER | JURISDICTION | | SUPPORT | |
| Castaic Lake Water Board Director, Division 1 | , | | | | | OPPOSE | |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C | ITY STATE Newhall CA | ZIP 91321 | Identify the controlling office | holder, candidate, | or state measure proj | onent, if any. | |
| | | | NAME OF OFFICEHOLDER, CA | NDIDATE, OR PROP | ONENT | | |
| Related Committees Not Included in this Sta not Included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand | are primarily formed to | | OFFICE SOUGHT OR HELD | | DISTRICT NO | . IF ANY | |
| COMMITTEE NAME | I.D. NUMBER | | | | | | |
| | | 7. | Primarily Formed Cand | lidate/Officehol | lder Committee ப | ist names of | |
| NAME OF TREASURER | CONTROLLED COMMI | | officeholder(s) or candidate(s) | for which this com | mittee is primarily form | ed. | |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. I | YES NO | <u> </u> | NAME OF OFFICEHOLDER OR | CANDIDATE OF | FICE SOUGHT OR HELD | | |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. I | · | | | | | ☐ SUPPORT ☐ OPPOSE | |
| CITY STATE ZIP C | CODE AREA CO | DE/PHONE | NAME OF OFFICEHOLDER OR | CANDIDATE OF | FICE SOUGHT OR HELD | SUPPORT OPPOSE | |
| COMMITTEE NAME | I.D. NUMBER | | NAME OF OFFICEHOLDER OR | CANDIDATE OF | FICE SOUGHT OR HELD | | |
| | | | | | | ☐ SUPPORT | |
| NAME OF TREASURER | CONTROLLED COMM | | NAME OF OFFICEHOLDER OR | CANDIDATE OF | FICE SOUGHT OR HELD | SUPPORT | |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. I | YES NO | | | İ | | ☐ OPPOSE | |
| · · · · · · · · · · · · · · · · · · · | | | | | No. | | |
| CITY STATE ZIP C | CODE AREA CO | DE/PHONE | Atta | ch continuation sh | eets if necessarv | | |
| | | | | | | | |

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

NAME OF FILER 1389556 RJ Kelly for Water Director 2016 **Calendar Year Summary for Candidates** Column A Column B Contributions Received TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) CALENDAR YEAR TOTAL TO DATE Running in Both the State Primary and **General Elections** 0.00 1. Monetary Contributions Schedule A, Line 3 1/1 through 6/30 7/1 to Date 0.00 0.00 2. Loans Received...... Schedule B. Line 3 20. Contributions 0.00 0.00 SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received 0.00 0.00 Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 0.00 0.00 Made 5. TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** 134.00 226.00 6. Payments Made...... Schedule E, Line 4 **Candidates** -500.00 150.00 22. Cumulative Expenditures Made* -366.00 1060.00 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 0.00 0.00 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 Date of Election Total to Date 0.00 0.00 (mm/dd/yy) 10. Nonmonetary Adjustment...... Schedule C, Line 3 1060.00 -366.00 **Current Cash Statement** 219.60 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B. 0.00 add amounts in Column 13. Cash Receipts Column A, Line 3 above A to the corresponding 0.00 *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. of your last report. Some -366.00 15. Cash Payments Column A, Line 8 above amounts in Column A may 585.60 be negative figures that 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year, 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents...... See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

| Amounts may be rounded to whole dollars. INSTRUCTIONS ON REVERSE ME OF FILER | | Statement covers period from 01/01/2021 through 06/30/2021 | CALIFORNIA 460 FORM Page 4 of 5 | |
|--|--|--|---|---|
| CODES: If one of the following codes accurately descr CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings | MBR member com meetings and offic expens PET petition circul PHO phone banks POL polling and s POS postage, deli | nmunications d appearances ses lating | RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, and | uction costs d meals and meals s of the same candidate/sponsor |
| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | | CODE OR D | ESCRIPTION OF PAYMENT | AMOUNT PAID |
| FPPC | . | FIL Late Filing Pena | ly | 100.00 |
| | | | | |
| | | | , | |
| * Payments that are contributions or independent expenditures must also | o be summarized on Sche | edule D. | su | BTOTAL \$ 100.00 |
| Schedule E Summary 1. Itemized payments made this period. (Include all Schedule 2. Unitemized payments made this period of under \$100 | | | | \$_34.00 |
| 3. Total interest paid this period on loans. (Enter amount f4. Total payments made this period. (Add Lines 1, 2, and 5) | rom Schedule B, Par 3. Enter here and on | t 1, Column (e).) the Summary Page, Colum | n A, Line 6.) TO | TAL \$ |

| | , | | | | | | | SCHEDULE H |
|---|---|---|-------------------------------|---|---|--------------------------------------|--------------------------------------|---|
| Schedule H Loans Made to Others* | to w | | | | Statement covers period from 01/01/2021 | | CALIFORNIA 460 | |
| SEE INSTRUCTIONS ON REVERSE | | | | | through06/30/20 |)21 | Page5 | of |
| NAME OF FILER | | | | | | | I.D. NUMBER | |
| RJ Kelly for Water Director 2016 | | | | | | | 1389556 | |
| FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER LD. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT LOANED THIS PERIOD | (c) REPAYMENT O FORGIVENESS THIS PERIOD | BALANCE AT | (e) INTEREST RECEIVED | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE LOANS TO DATE |
| Ronald J "RJ" Kelly | Business Consultant/ Self-Employed | | | ☑ PAID 500.00 | , 150.00 | 0.00 4 | , 2500.00 | CALENDAR YEAR |
| Newhall, CA 91321 | our Employee | \$_650.00 | \$_0.00 | FORGIVEN | 12/31/21 DATE DUE | s 0.00 | 11/10/16 DATE INCURRED | PER ELECTION** |
| | | s | \$ | \$ \$ forgiven | \$ | % RATE | \$ | \$PER ELECTION** |
| | | | | , | DATE DUE | · | DATE INCURRED | , |
| *Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E. | | SUBTOTALS | \$0.00 | \$ 500.00 | \$ 150.00 | \$ 0.00 | | |
| | | | | | | (Enter (e) an Schedule I, Line 3) | | |
| Schedule H Summary | | | | | 0.00 | | | |
| Loans made this period (Total Column (b) plus unitemized loans of less than \$100.) 2. Payments received on loans | | | | | \$ | | | **If Required |
| (Total Column (c) plus unitemized payn 3. Net change this period. (Subtract Line 2 (Enter the net here and on the Summa | 2 from Line 1.) |) | | • | NET \$500 | 0.00 | | |

(May be a negative number)